

State of Michigan Employee Benefits Summary & Enrollment Information

August 15, 2005



As a State of Michigan classified employee, you are entitled to a comprehensive benefits package, including health, dental, vision, life insurance, long-term disability, flexible spending accounts, and more!

State of Michigan
Department of Civil Service
Employee Benefits Division



Important Notice:

This booklet is a summary of benefits provided to State of Michigan employees and is not an agreement between any employee and the State of Michigan. More complete details on benefits are found in the official documents, such as the Civil Service Rules and Regulations, collective bargaining agreements, departmental work rules, and contracts with various benefit providers. If this booklet and an official document differ, the official document governs.

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Welcome!

If you would like to participate in the State of Michigan's health, vision, dental, employee/dependent life, long-term disability (LTD) and flexible spending account benefits, you must enroll within 31 days of your hire date.

Coverage will be effective on the first day of the bi-weekly payroll period following EITHER your first day of employment OR the date when the enrollment process is completed, whichever is later.

If you elect not to enroll for benefits within the first 31 days of hire, your next opportunity will be during annual open enrollment, usually in the month of August.

Throughout this benefits summary you will be instructed to contact the MI HR Service Center to enroll in your benefits selections. Please Note that Secretary of State, Attorney General, Legislative, and Judicial employees should contact their agency HR Office to complete enrollment.

Your Benefits Checklist

The checklist below will assist you with the benefit enrollment process.

- ☒ Review this booklet for basic information.
- ☒ Go to www.michigan.gov/mdcs to review benefit options. Click the "Employee Benefits" link from the left menu, then click the "New Employee" link.
- ☒ Determine which insurances you would like to enroll in.
- ☒ Contact the MI HR Service Center* toll free at 1(877) 766-6447 to enroll in your insurances. Hours are 7:00 a.m. to 6:00 p.m. Monday through Friday, except state holidays.
- ☒ Mail or fax dependent eligibility documentation to the MI HR Service Center, if applicable (see Pages 16-17).

** Secretary of State, Attorney General, Legislative, and Judicial employees should contact their agency HR Office to enroll in their benefit selections.*

General Benefits Information

Who can enroll?

You may choose to enroll your spouse and/or eligible dependents in your health, dental, vision, and life insurance plan at the time you enroll as a new employee, during any annual open enrollment period, or as the result of a life event. Any time a spouse or dependent is added to your insurance, you must submit dependent eligibility documentation (see Pages 16-17) within 31 days of the event. For more information, visit the Employee Benefits Division website at www.michigan.gov/mdcs. Click the "Employee Benefits" link from the left menu.

Dual Eligibility

If you and your spouse or dependent are currently working for the State of Michigan and are both covered by State Health Plans (retiree or active, including State-sponsored HMO options), you may:

- ◆ Maintain separate coverage through your individual plans, **OR**
- ◆ Enroll in one plan with one of you as a dependent.

If you choose to maintain separate coverage, your child or children can only be listed on one plan, not both. This applies even if you are divorced.

Insurance Cards

Identification cards will be issued directly from individual carriers, when applicable. Delta Dental does not issue ID cards.

Insurance Rates

You can view insurance rates on the Department of Civil Service website at www.michigan.gov/mdcs. Click the "Employee Benefits" link from the left menu, then click the "Insurance Rates" link.

Employees hired after January 1, 2000, who are working part-time (less than 40 hours per pay period) may be required to pay one-half of their health, dental, and vision insurance premiums, based on the employee's bargaining unit.

Life Event Changes

A marriage, birth, adoption, divorce, etc., can be entered either in your MI HR Self-Service account or by calling the MI HR Service Center* for assistance. When children become ineligible, you should contact the MI HR Service Center to stop insurance coverage. Changes must be processed within 31 days of the life event and must be substantiated with appropriate documentation (see Pages 16-17).



Beneficiary Changes

Beneficiary designation for final compensation and life insurance can be completed on-line in your MI HR Self-Service account at www.michigan.gov/selfserv.

The 401(k) Defined Contribution and 457 Plans (CitiStreet), and Accidental Duty Death (JC Walters) carriers require an original signature to add or change beneficiaries. These forms can be printed from your MI HR Self-Service account. The beneficiary forms for the 401(k) Defined Contribution and 457 Plans should be mailed to the CitiStreet address on the form. The Accidental Duty Death form should be sent to your HR Office.

For more information about MI HR Self-Service, see Page 14.



** Secretary of State, Attorney General, Legislative, and Judicial employees should contact their agency HR Office for assistance.*

General Benefits Information

The following is a brief description of the various insurance benefits offered to State of Michigan employees. Complete details for each plan are available on the Department of Civil Service website at www.michigan.gov/mdcs. Click the “Employee Benefits” link from the left menu.

Health Care Options

You may elect one of the following health insurance plans:

☐ **State Health Plan - Preferred Provider Organization (PPO)**

The State Health Plan PPO is administered by Blue Cross Blue Shield of Michigan (BCBSM).

- The State pays 95% of the premium for full-time employees.
- This plan provides health benefits using providers and facilities that are “in-network,” meaning the providers and facilities have agreed to accept a discounted fee from BCBSM in order to be “in-network.”
- Network covers all 83 Michigan counties.
- There are deductible requirements.
- You must pay office and prescription drug co-pays.
- Mail order prescription medications are administered by Express Scripts.
- Mental health and substance abuse treatment services are handled by Magellan Behavioral Health.

☐ **Health Maintenance Organization (HMO) Plans**

An HMO is a managed care plan that provides medical care through its network of physicians, pharmacies, contracted hospitals, and medical care suppliers in a particular service area.

- Full-time employees may have to contribute toward the HMO premium if the HMO charge exceeds 95% of the State Health Plan PPO rate.
- There are no deductible requirements.



General Benefits Information

Health Maintenance Organization (HMO) Plans Continued...

- You must pay office and prescription drug co-pays.
- You can choose your own “primary care physician” who will provide direct care and make referrals from within the network.
- Your eligibility for enrollment is based on your zip code and bargaining unit.
- A zip code listing for each HMO can be viewed on the Department of Civil Service website at www.michigan.gov/mdcs. Click the “Employee Benefits” link from the left menu, then click “HMO Eligibility” from the left menu.

☐ Catastrophic Health Plan

This is a hospitalization-only plan intended as an option for those employees who have coverage elsewhere. This plan does not cover prescription drug charges, office visit charges, medical equipment, psychiatric services, or other major medical services.

- The State will cover 100% of the premium cost for full-time employees and you will receive a \$50 cash payment bi-weekly for being enrolled in this plan.
- Benefits under this plan are payable only after you have covered those expenses equal to one month’s basic salary (your deductible requirement). The family deductible (two or more members) is equal to 1 1/2 month’s basic salary.

Vision Care

The State offers one vision plan:

☐ State Vision Plan

The State Vision Plan covers routine vision examinations and glaucoma testing once every 12 months, and corrective lenses and eyeglass frames once every 24 months.

- The State pays 100% of the premium for full-time employees.
- There is a co-payment for exams, lenses, and frames.



General Benefits Information

Dental Care Options

You may select one of the following plans:



☐ **State Dental Plan**

The State Dental Plan is administered by Delta Dental.

- The State will pay 95% of the premium for full-time employees.
- This plan covers preventative services (exams and cleanings) at 100% of the “usual, customary, and reasonable charge.”
- X-rays, oral surgery, extractions, restoratives, periodontics, and endodontics are covered at 90%.
- Orthodontics are covered at 60% up to \$1,500.
- Sealants for children and prosthodontics (including repairs) are covered at 50%.

☐ **Preventative Dental Plan**

- The Preventative Dental Plan covers diagnostic exams, x-rays, and cleanings to the same extent as the State Dental Plan. No other services are covered.
- The State will pay 100% of the premium for full-time employees and you will receive a \$100 lump sum cash payment each year (pro-rated for mid-year enrollment).

This plan is intended as an option if you have dental coverage elsewhere.

☐ **Dental Maintenance Organization (DMO) (Midwestern Dental Plans)**

This is a managed care dental plan that provides all necessary dental care and services at Midwestern Dental Plans’ dental care centers.

- The State will pay 100% of the premium for full-time employees.
- There are no member co-pays required for any covered dental care received at a dental center, except for an orthodontics co-pay for adults (age 19 and older).
- There are no benefit maximums.

Your postal code will determine if you are eligible to enroll in the DMO.

General Benefits Information

☐ **State Long-Term Disability (LTD) Plan**

The State Long-Term Disability (LTD) Plan is an income continuation plan that is available to qualified enrollees during a period of total disability as defined by the Plan.



New employees can enroll within 31 days of hire. Otherwise, you can enroll during the annual Open Enrollment period.

Benefits are equal to 2/3 of your basic monthly salary. The State pays a portion of the total premium. The length of your benefit period and your portion of the premiums are based on your sick leave balance and regular wages.

There are two benefit periods, Plan I and II. Employees with less than 183 hours of sick leave are in Plan I. Employees accumulating 184 hours of sick leave are in Plan II, even if their sick leave balance drops below 184 hours.

Plan I pays a benefit until you are no longer totally disabled or 24 months, whichever occurs first. Plan II pays totally disabled employees until age 65 (age 70 for UAW and MSPTA members) or 12 months, whichever is greater.

☐ **Long-Term Care**

Long-Term Care provides coverage for expenses that are not usually covered by health or disability insurance. This coverage can help protect you and your family from the high costs associated with prolonged nursing home stays, extended home care services, and other forms of daily care. New employees are able to sign up within 90 days of their hire date without having to show evidence of good health. The State does not contribute towards the premium for this coverage. Premiums are fully paid by the employee.

Employee Life Insurance Options

You may select one of the following life insurance plans:

☐ **State Life Insurance Plan (United of Omaha)**

The State will cover 100% of the premium cost of the State Life Insurance Plan. This is the traditional group life insurance plan that pays your designated beneficiaries a non-taxable death benefit equal to two times your basic annual salary rounded up to the next \$1,000.



☐ **Reduced Benefit Life Insurance Plan (United of Omaha)**

The Reduced Benefit Life Insurance Plan pays your designated beneficiaries a non-taxable death benefit equal to 100% of your basic annual salary or up to a maximum of \$50,000. You will receive a bi-weekly cash payment for selecting this reduced life insurance option.

☐ **Dependent Life Insurance Options**

You have the option of enrolling your legal spouse and eligible children in one of the Dependent Life Insurance plans. These plans will cover your spouse and unmarried children between the ages of 14 days and 23 years. Unmarried dependent children between the ages of 19 and 23 do not have to have student eligibility to be enrolled in dependent life. The State does not contribute towards the premium for this coverage. Premiums are fully paid by the employee.



☐ **Flexible Spending Accounts**



You may choose to enroll in the Dependent Care and/or the Medical Care Spending Accounts.

Michigan's Flexible Spending Accounts let you pay for dependent care and out-of-pocket medical expenses with pre-tax dollars, making these expenses more affordable. The Flexible Spending Accounts are convenient and easy to use. With a little up-front planning, you can enjoy

significant tax savings while paying for a wide array of out-of-pocket medical and dependent care expenses.

☐ **Defined Contribution Retirement Plan**

If you were hired after March 31, 1997, you will be enrolled in the 401(k) Defined Contribution Plan. The State will contribute an amount equal to 4% of your gross wages to your 401(k) for retirement. The State will also match up to 3% of your bi-weekly contributions. For more information about this 401(k) plan and to learn about investment options go to

<https://stateofmi.csplans.com> or call (800) 748-6128.



Other Benefit Programs

☐ **Qualified Parking**

Employees who park in non-state facilities may authorize bi-weekly payroll deduction on a pre-tax basis into a Qualified Parking Spending Account. From the account, employees can request reimbursement to cover their parking expenses.

☐ **Accidental Death & Dismemberment**

J.C. Walters is the administrator for this insurance. This is a Group Accidental Death & Dismemberment coverage offered through Mutual of Omaha Insurance Company and made available to State of Michigan employees. Premiums are fully paid by the employee.

COBRA (Consolidated Omnibus Budget Reconciliation Act)

Several different events may trigger the loss of insurance coverage for employees (e.g., separation, leave, layoff, reduction of hours), spouses (e.g., divorce, death of employee), or dependent children (e.g., marriage, turning 25, or 19 or older and not regularly attending school).

Under COBRA, if you, a spouse, or dependent should lose eligibility for state-sponsored group health, dental, or vision insurances, you may be eligible to continue these coverages for a period of time by paying the full premium directly to the Employee Benefits Division. This full premium will include the amount previously paid as the “Employee’s Share” plus the “State’s Share” and in some cases, an additional 2% service fee.

You may also be eligible to continue your life insurance coverage if you are on a leave of absence or layoff from State service.

HIPAA (Health Insurance Portability & Accountability Act)

The Employee Benefits Division of the Department of Civil Service currently administers the following self-insured group health plans for State employees and retirees on behalf of the State of Michigan:

- Flexible Spending Accounts Plan (FBMC)
- Preventative Dental Plan (Delta Dental)
- State Catastrophic Health Plan (BCBSM)
- State Dental Plan (Delta Dental)
- State Health Plan PPO (BCBSM/Magellan/Express Scripts)
- State Vision Plan (BCBSM)

The Health Insurance Portability & Accountability Act (HIPAA) and related rules require group health plans to protect the privacy of health information. Your rights under HIPAA are outlined in the Privacy Notice available on the Department of Civil Service website at www.michigan.gov/mdcs. Click the “Employee Benefits” link from the left menu, then click the “HIPAA” link.

MI HR Self-Service

MI HR Self-Service is an on-line web-based tool designed to provide you with access to update and view your personnel information. As a new state employee, you will be provided access to MI HR Self-Service. This on-line tool allows you to update your personal records such as address and home phone, emergency contacts, e-mail address, beneficiaries, direct deposits, and family status. During special enrollment periods, you can complete your Group Insurance Benefits Open Enrollment, Flexible Spending Account Open Enrollment, and/or make contributions during the State Employees Combined Contribution Campaign (SECC). You can also get updated information and forms for insurance coverage, tax withholding, leave balances, earning statements, and more.



New Employees

Your MI HR Self-Service account will be created one day after your hire transaction has been entered in the system. HRMN Central Security will create an account and mail two separate letters to your home address on record. The first letter notifies you that your MI HR Self-Service account has been created and provides you with your MI HR Self-Service username. The second letter includes a temporary PIN and instructions on how to set up your security profile on-line and activate your MI HR Self-Service account.

Once you have completed your security profile and submitted the information on-line, your new password will appear in a pop-up window for **93 seconds**. Your MI HR Self-Service account will be fully activated and accessible within 10 minutes after receipt of your new password.

If you have difficulty obtaining your first password or would like someone to walk you through the process, please contact the MI HR Service Center (including Secretary of State, Attorney General, Legislative, and Judicial employees) at 1(877) 766-6447. Be sure to have your username and temporary PIN when you call.

MI HR Service Center

The MI HR Service Center has a staff of State of Michigan HR employees who are there to answer your benefit questions and assist you with benefits enrollment. Please Note: Secretary of State, Attorney General, Legislative, and Judicial employees should contact their agency HR Office to enroll in their benefit selections.

The MI HR Service Center is available from 7:00 a.m. to 6:00 p.m., Monday through Friday, except on state holidays.

Documentation must be mailed/faxed to the MI HR Service Center within 31 days from the date you enroll dependents in your insurances. A listing of acceptable documents can be found on pages 16 and 17 of this brochure.

MI HR Service Center

Toll Free: 1 (877) 766-6447

TDD: (517) 241-8046

Fax: (517) 241-5892

Mailing Address:

P.O. Box 30002

Lansing, MI 48909

Hours of Operation:

7:00 a.m. to 6:00 p.m. Monday through Friday
(except on state holidays)

Secretary of State, Attorney General, Legislative, and Judicial employees should contact their agency HR Office to enroll in their benefit selections.

Dependent Eligibility Documentation

Below is a listing of documents that can be used to prove dependent eligibility for insurance coverage. This documentation must be mailed/faxed to the MI HR Service Center* within 31 days from the date you enroll dependents in your insurances.

Forms can be found on the Employee Benefits Division website at www.michigan.gov/mdcs. Click the "Employee Benefits" link from the left menu, then click the "Forms" link from the left menu that appears.

** Secretary of State, Attorney General, Legislative, and Judicial employees should send proof of eligibility to their agency HR Office.*

SECTION A. Required Documentation for Children Ages Birth Until 19

<u>Specific Circumstance</u>	<u>Required Documentation</u>
Biological child	Copy of an official birth certificate (not hospital birth certificate)
Legally adopted or pending adoption	Copy of adoption papers or sworn statement with the date of placement
Employee has legal guardianship	Copy of guardianship papers
Employee's minor child has a baby	Copy of an official birth certificate (not hospital birth certificate)
Employee has foster child	Court document placing the child in the employee's home for foster care
Employee has step-child	Copy of official birth certificate (not hospital birth certificate) and copy of the most current divorce decree of the employee's spouse stamped by the court. The first and last pages and any language about custody are required.

Dependent Eligibility Documentation

SECTION B. Required Documentation for ages 19 Until 25

<u>Specific Circumstance</u>	<u>Required Documentation</u>
Employee has a dependent who is unmarried, dependent on the employee for at least 50% of his/her support, and is a student who regularly attends an accredited school. School verification is not required for dependent life insurance	The required documentation outlined in Section A, and a completed Verification of Dependent Eligibility for State Sponsored Insurance Plans (CS-1771) form*, and school registration or other records proving school attendance.

* Forms are available at www.michigan.gov/mdcs

In the case of children of divorced spouses or step-children, the child must be an unmarried student who regularly attends an accredited school and is dependent on the employee for at least 50% of his/her support. School verification is not required for dependent life insurance	The required documentation outlined in Section A, and a completed Verification of Dependent Eligibility for State Sponsored Insurance Plans (CS-1771) form*, and a copy of school registration or other records proving school attendance.
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* Forms are available at www.michigan.gov/mdcs

SECTION C. Required Documentation for Other Circumstances

<u>Specific Circumstance</u>	<u>Required Documentation</u>
Spouse	Copy of marriage certificate
Removing ex-spouse, dependent/step-children due to divorce	Copy of the divorce decree stamped by the court.
Incapacitated dependent child	No documentation is required for children who have already been approved.
Deleting dependent coverage due to death	Copy of death certificate
Dependent Life Insurance coverage only	Copy of official birth certificate (not hospital birth certificate)

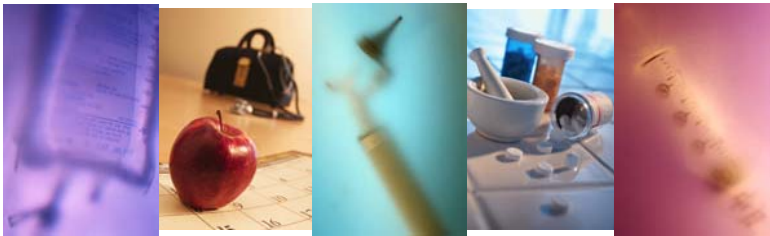
Provider Contact Numbers

Detailed provider contact information for insurances mentioned in this brochure are also available in your MI HR Information* account at www.michigan.gov/selfserv.

<u>Provider</u>	<u>Telephone</u>
Blue Cross Blue Shield of Michigan	(800) 843-4876
Magellan Behavioral of Michigan	(866) 503-3158
Express Scripts, Inc.	(800) 505-2324
Blue Care Network	(800) 662-6667
Care Choices Health Plan	(800) 852-9780
Grand Valley Health Plan	(616) 949-2410
Health Alliance Plan	(800) 422-4641
Health Plus of Michigan (Saginaw)	(800) 942-8816
Health Plus of Michigan (Flint)	(800) 332-9161
M-Care	(800) 658-8878
Medicare	(800) MEDICARE
Physician's Health Plan (Lansing)	(800) 832-9186
Physician's Health Plan (Jackson)	(800) 394-7569
Priority Health Plan	(800) 446-5674
Total Health Care	(800) 826-2862
Long Term Care (MetLife)	(800) GETMET8
Long Term Disability Citizen's Management, Inc.	(800) 324-9901
Flexible Spending (FBMC)	(800) 342-8017
Delta Dental Plan of Michigan	(800) 524-0150
Midwestern Dental Plans, Inc.	(800) 544-6374
401(k) Defined Contribution and 457 Plans administered by CitiStreet	(800) 748-6128
Accidental Death & Dismemberment (J. C. Walters)	(877) 503-5056
Workers' Compensation (Citizen's Management, Inc.)	(800) 324-9901

** Secretary of State, Attorney General, Legislative, and Judicial employees should contact their agency HR Office for assistance.*

Benefit Comparison Chart & Bi-weekly Insurance Rates



For The Benefit Year
October 2005—September 2006

Comparison of Health Care Options

Disclaimer

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and /or co-pay amounts required by the State Health Plan PPO. This coverage is provided pursuant to a contract entered into in the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan.

Preventive Services

\$1,500 per year per person (State Health Plan PPO only, effective 1/1/06)

	State Health Plan PPO (does not apply to members represented by MSPTA T01)		HMO Benefits
	In-network	Out-of-network	
Health maintenance exam	Covered 100% 1 per year	Not Covered	Covered 100% after \$10 office visit co-payment
Annual gynecological exam	Covered 100% 1 per calendar year	Not Covered	
Pap smear screening – laboratory services only ¹	Covered 100% 1 per year	Not Covered	
Well-baby and child care	Covered 100%	Not Covered	
Immunizations ² , annual flu shot & Hepatitis C screening for those at risk	Covered 100%	Not Covered	
Fecal occult blood screening ¹	Covered 100%	Not Covered	
Flexible sigmoidoscopy ¹	Covered 100%	Not Covered	
Colonoscopy ^{1 & 2}	Covered 100%	Not Covered	
Prostate specific antigen screening ¹	Covered 100% one per year	Not Covered	

¹ American Cancer Society guidelines apply

² Childhood immunizations and colonoscopy exams are excluded from the maximum limit

Comparison of Health Care Options

Mammography¹

	State Health Plan PPO (does not apply to members represented by MSPTA T01)		HMO Benefits
	In-network	Out-of-network	
Annual standard film mammography screening (covers digital mammography up to the standard film rate)	Covered 100% Not subject to preventative maximum	Covered 90% after deductible Not subject to preventative maximum	Covered 100%

¹ American Cancer Society guidelines apply

Physician Office Services

	State Health Plan PPO (does not apply to members represented by MSPTA T01)		HMO Benefits
	In-network	Out-of-network	
Office visits, consultations & urgent care visits	Covered \$10 co-pay, deductible not applicable	Covered 90% after deductible	\$10 co-pay
Outpatient and home visits	Covered 100% after deductible	Covered 90% after deductible	

Emergency Medical Care²

	State Health Plan PPO (does not apply to members represented by MSPTA T01)		HMO Benefits
	In-network	Out-of-network	
Hospital emergency room for medical emergency or accidental injury	Covered 100%		\$50 co-pay if not admitted
Ambulance services – medically necessary	Covered 100% after deductible		Covered 100%

² Emergency room and physician charges are covered 100% under the Catastrophic Health Plan. Ambulance is covered \$25 maximum.

Comparison of Health Care Options

Diagnostic Services

	State Health Plan PPO (does not apply to members represented by MSPTA T01)		HMO Benefits
	In-network	Out-of-network	
Laboratory & pathology tests	Covered 100% after deductible	Covered 90% after deductible	Covered 100%
Diagnostic tests & x-rays			
Radiation therapy			

Maternity Services

Includes care by a certified nurse midwife (State Health Plan PPO only)

	State Health Plan PPO (does not apply to members represented by MSPTA T01)		HMO Benefits
	In-network	Out-of-network	
Prenatal & postnatal care	Covered 100% after deductible	Covered 90% after deductible	Office Visit \$10 co-pay
Delivery & nursery care ³			Covered 100%

³ Delivery and well-baby care in the hospital are covered 100% under the Catastrophic Health Plan.

Hospital Care

	State Health Plan PPO (does not apply to members represented by MSPTA T01)		HMO Benefits
	In-network	Out-of-network	
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies	Covered 100% after deductible, unlimited days	Covered 90% after deductible, unlimited days	Covered 100% Unlimited days
Inpatient consultations	Covered 100% after deductible	Covered 90% after deductible	Covered 100%
Chemotherapy			

Comparison of Health Care Options

Alternatives to Hospital Care

	State Health Plan PPO <i>(does not apply to members represented by MSPTA T01)</i>		HMO Benefits
	In-network	Out-of-network	
Skilled nursing care up to 120 days per confinement (730 days for UAW)	Covered 100% after deductible	Covered 100% after deductible	Covered 100% up to 730 days
Hospice care	Covered 100% Limited to the lifetime dollar maximum that is adjusted annually by the State		Covered 100%
Home health care	Covered 100% after deductible, unlimited visits		Check with your HMO

Surgical Services

	State Health Plan PPO <i>(does not apply to members represented by MSPTA T01)</i>		HMO Benefits
	In-network	Out-of-network	
Surgery—including related surgical services. ⁴	Covered 100% after deductible	Covered 90% after deductible	Covered 100%
Voluntary sterilization			Check with your HMO

⁴ Inpatient hospital services are 100% covered after deductible under the Catastrophic Health Plan.

Human Organ Transplants

	State Health Plan PPO <i>(does not apply to members represented by MSPTA T01)</i>		HMO Benefits
	In-network	Out-of-network	
Liver, heart, lung, pancreas, and other specified organ transplants	Covered 100% In designated facilities only. Up to \$1 million lifetime maximum for each organ transplant		Covered 100% in designated facilities

Comparison of Health Care Options

Organ & Tissue Transplants

	State Health Plan PPO <i>(does not apply to members represented by MSPTA T01)</i>		HMO Benefits
	In-network	Out-of-network	
Bone marrow—specific criteria apply	Covered 100% after deductible in designated facilities	Covered 90% after deductible	Covered 100% in designated facilities
Kidney, cornea, and skin			Covered 100% subject to medical criteria

Other Services

	State Health Plan PPO <i>(does not apply to members represented by MSPTA T01)</i>		HMO Benefits
	In-network	Out-of-network	
Allergy testing and injections	Covered 100% after deductible	Covered 90% after deductible	Office visits: \$10 co-pay Injections: Covered 100%
Acupuncture	Covered 90% after deductible if performed by or under the supervision of a M.D. or D.O.		Check with your HMO
Rabies treatment after initial emergency room visit	Covered 100% after deductible	Covered 90% after deductible	Office visits: \$10 co-pay Injections: Covered 100%
Chiropractic/spinal manipulation ⁵	Covered 100% after \$10 co-pay Up to 24 visits per calendar year	Covered 90% after deductible Up to 24 visits per calendar year	Check with your HMO
Durable medical equipment	Covered 100%	Covered 80% after deductible	Covered
Prosthetic & orthotic appliances			

⁵ MSEA employees are covered up to 36 visits per calendar year under the State Health Plan PPO. MCO employees are covered 90% after deductible for both in and out-of-network services.

Comparison of Health Care Options

Other Services continued...

	State Health Plan PPO <i>(does not apply to members represented by MSPTA T01)</i>		HMO Benefits
	In-network	Out-of-network	
Private duty nursing	Covered 90% after deductible		Covered
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth).		Check with your HMO
Laser Eye Surgery (MSEA employees only)	\$755 lifetime limit		Check with your HMO
Hearing Care	Covered 100% after medical clearance exam by physician	Not covered ⁶	Check with your HMO

⁶ Not all areas have a network of hearing providers. If there is no network in your area, your provider may participate on a per claim basis. If your provider does not wish to participate, you may pay for services and submit a claim. You will be reimbursed up to the allowed amount for covered services.

Mental Health/Substance Abuse

	State Health Plan PPO <i>(does not apply to members represented by MSPTA T01)</i>		HMO Benefits
	In-network	Out-of-network	
Mental Health Benefits - Inpatient	Covered 100% up to 365 days per year ⁷	Covered 50% up to 365 days per year	Check with your HMO
Mental Health Benefits - Outpatient	As necessary 90% of network rates 10% co-pay	As necessary 50% of network rates	
Alcohol & Chemical Dependency Benefits - Inpatient	Covered 100% ⁸ Halfway House 100%	Covered 50% ⁸ Halfway House 50%	
Alcohol & Chemical Dependency Benefits - Outpatient	\$3,500 per calendar year 90% of network rates 10% co-pay ⁹	\$3,500 per calendar year 50% of network rates	

⁷ Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.

⁸ Up to 28-day admissions per year. There must be at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.

⁹ \$3,500 per calendar year limitation pertains to services for chemical dependency only.

Comparison of Health Care Options

Prescription Drugs

Prescription medications for the State Health Plan PPO are covered under the Participating Pharmacy ID Card Plan administered by Express Scripts. The co-pays for prescription drugs (both retail and mail order) are based on the employee's bargaining unit.

Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.

Employee Group	Generic	Brand Name Preferred	Brand Name Non-Preferred
Non-Exclusively Represented Employees (NERE) (including Judicial employees)	\$7	\$15	\$30
Institutional Unit represented by AFSCME			
HSS, S & E, and Technical Units represented by SEIU Local 517M			
Labor and Trades, Safety & Regulatory Units represented by MSEA			
Security Unit represented by MCO			
Human Services and Administrative Support Units represented by UAW ¹⁰	\$7	\$15	N/A

¹⁰ The prescription drug program will promote the use of generic drugs. Prescription medications on the maintenance drug list (MDL) used on a long term basis will be available only through mail order home delivery per the terms of the contract.

To check the co-pay for drugs you may be taking, visit Express Scripts website at <http://www.express-scripts.com> or contact Express Scripts at (800) 505-2324. The Preferred/Non-preferred list of drugs is updated periodically as new drugs are added.

For information about HMO prescription drug coverage, check with the HMO provider.

Comparison of Health Care Options

Outpatient Physical, Speech, & Occupational Therapy

Combined maximum of 90 visits per calendar year (State Health Plan PPO only, effective 1/1/06)¹¹

	State Health Plan PPO (does not apply to members represented by MSPTA T01)		HMO Benefits
	In-network	Out-of-network	
Outpatient physical, speech & occupational therapy – facility and clinic services	Covered 100% after deductible		Office visit: \$10 co-pay
Outpatient physical therapy – physician's office	Covered 100% after deductible	Covered 90% after deductible	Office visit: \$10 co-pay

¹¹ Does not apply to the State Health Plan PPO for State Police.

Deductible, Co-Pays and Out-of-Pocket Dollar Maximums

	State Health Plan PPO (does not apply to members represented by MSPTA T01)		HMO Benefits
	In-network	Out-of-network	
Deductible	\$200 per member \$400 per family	\$500 per member \$1,000 per family	None
Co-pays ▪ Fixed dollar co-pays	\$10 for office visits, office consultations, urgent care visits, osteopathic manipulations, chiropractic manipulations (for all employees except MCO) & medical hearing exams	Not applicable, but deductible and co-pay apply	\$10 for office visits \$50 for emergency room visits, if not admitted
Co-pays ▪ Percent co-pays	10% for private duty nursing, chiropractic manipulation (for MCO members) & acupuncture	10% for most services	None
Annual out-of-pocket dollar maximums ¹²	\$1,000 per member \$2,000 per family	\$2,000 per member \$4,000 per family	None

¹² The out-of-pocket limit does not apply to member co-payments for chiropractic.

Comparison of Dental Care Options

Dental Care Options

Covered Services <i>(does not apply to members represented by MSPTA T01)</i>	State Dental Plan	DMO Plan	Preventive Dental Plan
Diagnostic Exams and Consultations (2 per year)	100%	100%	100%
Preventive Services			
▪Teeth cleaning (3 per year)	100%	100%	100%
▪Topical fluoride (under age 19)	100%	100%	100%
▪Space maintainers (under age 14)	100%	100%	100%
▪Sealants (under age 14)	50%	100%	Not Covered
Radiographs	90%	100%	Not Covered
Brush Biopsy	100%	N/A	100%
Oral Surgery	90%	100%	100%
Extractions	90%	100%	Not Covered
Minor Restoratives	90%	100%	Not Covered
Major Restoratives	90%	100%	Not Covered
Endodontics	90%	100%	Not Covered
Periodontics	90%	100%	Not Covered
Prosthodontics	50%	100%	Not Covered
Prosthodontics Repair	50%	100%	Not Covered
Orthodontics Up to age 19 19 and over	60% 60%	100% \$1,250 co-pay	Not Covered Not Covered
Benefit Maximums Annual (Oct. – Sept.) Lifetime Orthodontics	\$1,500 \$1,500	None None	None N/A

This benefit summary is a brief explanation only. All plan provisions (including exclusions & limitations) are subject to the specific terms of the State and Preventive Dental Plans and the Group Dental Services Agreement (Midwestern Dental Plans, Inc.).

Group Insurance Premium Rates

Effective October 9, 2005

		BIWEEKLY RATE		
	Option*	Employee	State	Total
State Health Plan	1	\$ 10.45	\$ 198.54	\$ 208.99
	2	\$ 20.90	\$ 397.09	\$ 417.98
	3	\$ 18.39	\$ 349.43	\$ 367.83
	4	\$ 28.84	\$ 547.97	\$ 576.82
Employee or Spouse w/ Medicare (State pays 100%)	5	\$ -	\$ 198.54	\$ 198.54
	6	\$ -	\$ 397.09	\$ 397.09
	7	\$ -	\$ 349.43	\$ 349.43
	8	\$ -	\$ 547.97	\$ 547.97
Catastrophic Health Plan (State pays 100%)	1	\$ -	\$ 15.81	\$ 15.81
	2	\$ -	\$ 31.62	\$ 31.62
	3	\$ -	\$ 31.62	\$ 31.62
	4	\$ -	\$ 31.62	\$ 31.62
BCN Mid-Michigan	1	\$ -	\$ 178.54	\$ 178.54
	2	\$ -	\$ 357.08	\$ 357.08
	3	\$ -	\$ 314.23	\$ 314.23
	4	\$ -	\$ 492.78	\$ 492.78
BCN of East Michigan	1	\$ -	\$ 178.28	\$ 178.28
	2	\$ -	\$ 356.57	\$ 356.57
	3	\$ -	\$ 313.78	\$ 313.78
	4	\$ -	\$ 492.06	\$ 492.06
BCN Great Lakes West	1	\$ -	\$ 178.44	\$ 178.44
	2	\$ -	\$ 356.88	\$ 356.88
	3	\$ -	\$ 314.05	\$ 314.05
	4	\$ -	\$ 492.49	\$ 492.49
BCN of SE Michigan	1	\$ -	\$ 174.02	\$ 174.02
	2	\$ -	\$ 348.05	\$ 348.05
	3	\$ -	\$ 306.28	\$ 306.28
	4	\$ -	\$ 480.30	\$ 480.30
Care Choices	1	\$ -	\$ 178.90	\$ 178.90
	2	\$ -	\$ 357.80	\$ 357.80
	3	\$ -	\$ 314.86	\$ 314.86
	4	\$ -	\$ 493.76	\$ 493.76
Grand Valley Health	1	\$ -	\$ 169.74	\$ 169.74
	2	\$ -	\$ 339.49	\$ 339.49
	3	\$ -	\$ 298.75	\$ 298.75
	4	\$ -	\$ 468.49	\$ 468.49
Health Alliance Plan	1	\$ -	\$ 167.67	\$ 167.67
	2	\$ -	\$ 335.34	\$ 335.34
	3	\$ -	\$ 295.10	\$ 295.10
	4	\$ -	\$ 462.77	\$ 462.77
HealthPlus of Michigan	1	\$ -	\$ 185.44	\$ 185.44
	2	\$ -	\$ 370.88	\$ 370.88
	3	\$ -	\$ 326.38	\$ 326.38
	4	\$ -	\$ 511.82	\$ 511.82

* Health, dental and vision option codes are: 1 = Employee only coverage,
2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family

*Bi-weekly Insurance Rates***Group Insurance Premium Rates**

Effective October 9, 2005

	Option*	BIWEEKLY RATE		Total
		Employee	State	
M-Care HMO	1	\$ -	\$ 170.81	\$ 170.81
	2	\$ -	\$ 341.62	\$ 341.62
	3	\$ -	\$ 300.62	\$ 300.62
	4	\$ -	\$ 471.43	\$ 471.43
Physicians Health Plan Lansing	1	\$ -	\$ 185.40	\$ 185.40
	2	\$ -	\$ 369.33	\$ 369.33
	3	\$ -	\$ 324.68	\$ 324.68
	4	\$ -	\$ 509.41	\$ 509.41
Physicians Health Plan Jackson	1	\$ -	\$ 183.18	\$ 183.18
	2	\$ -	\$ 366.34	\$ 366.34
	3	\$ -	\$ 322.38	\$ 322.38
	4	\$ -	\$ 505.56	\$ 505.56
Priority Health Plan	1	\$ -	\$ 177.73	\$ 177.73
	2	\$ -	\$ 355.48	\$ 355.48
	3	\$ -	\$ 312.81	\$ 312.81
	4	\$ -	\$ 490.57	\$ 490.57
Total Health Care	1	\$ -	\$ 123.76	\$ 123.76
	2	\$ -	\$ 247.52	\$ 247.52
	3	\$ -	\$ 217.82	\$ 217.82
	4	\$ -	\$ 341.58	\$ 341.58

* Health, dental and vision option codes are: 1 = Employee only coverage,
2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family

Dental Premium Rates

Effective October 9, 2005

	Option*	BIWEEKLY RATE		Total
		Employee	State	
State Dental Plan	1	\$ 0.85	\$ 16.19	\$ 17.04
	2	\$ 1.56	\$ 29.55	\$ 31.11
	3	\$ 1.89	\$ 35.99	\$ 37.88
	4	\$ 2.59	\$ 49.29	\$ 51.89
Preventive Dental Plan (State pays 100%)	1	\$ -	\$ 2.99	\$ 2.99
	2	\$ -	\$ 5.21	\$ 5.21
	3	\$ -	\$ 5.21	\$ 5.21
	4	\$ -	\$ 7.42	\$ 7.42
Midwest Dental (DMO) (State pays 100%)	1	\$ -	\$ 15.99	\$ 15.99
	2	\$ -	\$ 15.99	\$ 15.99
	3	\$ -	\$ 15.99	\$ 15.99
	4	\$ -	\$ 15.99	\$ 15.99

* Health, dental and vision option codes are: 1 = Employee only coverage,
2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family

Bi-weekly Insurance Rates

Vision Premium Rates

Effective October 9, 2005

		BIWEEKLY RATE		
	Option*	Employee	State	Total
State Vision Plan (State pays 100%)	1	\$ -	\$ 2.80	\$ 2.80
	2	\$ -	\$ 4.93	\$ 4.93
	3	\$ -	\$ 6.02	\$ 6.02
	4	\$ -	\$ 8.16	\$ 8.16

* Health, dental and vision option codes are: 1 = Employee only coverage,
2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family

Dependent Life Premium Rates

Effective October 9, 2005

		BIWEEKLY RATE		
	Option	Employee	State	Total
Spouse \$1,500 and/or Child(ren) \$1,000	F	\$.20	\$ -	\$.20
Spouse \$5,000 and/or Child(ren) \$2,500	G	\$.60	\$ -	\$.60
Spouse \$10,000 and/ or Child(ren) \$5,000	H	\$ 1.20	\$ -	\$ 1.20
Spouse \$25,000 and/ or Child(ren) \$10,000	K	\$ 4.00	\$ -	\$ 4.00
Child(ren) only \$10,000	L	\$.75	\$ -	\$.75

Bi-weekly Insurance Rates

Long Term Disability (LTD) Premium Rates

Effective October 9, 2005

Plan Name/Code	Status	Employee	State
YIA0: Less than 184 hours sick leave	Plan I	\$ 2.08 \$ 2.13*	\$.94 \$.94
YIA1: 184-527 hours sick leave	Plan IIA	\$.53 \$.58*	\$.94 \$.94
YIA2: 528 hours or more sick leave	Plan IIB	\$ - \$ - *	\$.94 \$.94
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$ 1.74 \$ 1.79*	\$.94 \$.94

* Premium rates for employees represented by UAW only.

Calculation of Employee Contribution:

Bi-weekly contribution = Hourly Rate times 2088, divided by 26, divided by 100, times Employee Rate per Plan (I, IIA, IIB, or IIC)

If you have questions about LTD, please contact Employee Health Management at (517) 241-9090.

Notes

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STATE OF MICHIGAN
DEPARTMENT OF CIVIL SERVICE
MI HR SERVICE CENTER

Mailing Address:
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Lansing, MI 48909

Toll Free: **877-766-6447**
TDD: 517-241-8046
Fax: 517-241-5892

Hours of operation:
7:00 a.m. to 6:00 p.m. Monday through Friday
(except on state holidays)

Employee Benefits Division Website
www.michigan.gov/mdcs

MI HR Self-Service & MI HR Information
www.michigan.gov/selfserv